

Health Insurance Waiver Request Form for International Students and Scholars at UTC

Please TYPE your responses on this form. The Office of International Student and Scholar Services does NOT accept handwritten forms.

Proof of insurance and proof of payment for the insurance plan must be submitted with this waiver, which may be emailed as a PDF attachment to international@utc.edu from your UTC email address.

Student Information

First Name: _____ Family Name: _____

UTCID: _____ Birthdate (MM/DD/YYYY): _____

Coverage Requirements

Check the box beside each item which your insurance covers. (To be eligible for a waiver, you must submit proof of insurance meeting all of the following requirements.)

1. Unlimited medical coverage (MUST include preventive AND emergency care)
2. Pregnancy coverage (may NOT be excluded)
3. Deductible not to exceed \$500 per accident/illness
4. Repatriation coverage of at least \$20,000
5. Medical evacuation coverage of at least \$50,000
6. A waiting period for pre-existing conditions of fewer than 13 months
7. Requirement for student to pay less than 25% per accident/illness
8. AM Best Rating of "A-" or better OR Standard & Poor's Rating of "A+" or better
9. All information is provided in English, and all monetary amounts are listed in U.S. dollars
10. Coverage period is dated as required

Acknowledgement

I have read, understand, and agree to the seven items listed below:

1. I have compared the UTC-sponsored health insurance policy with this policy and understand the differences between the two policies.
2. I understand that these are mandatory coverage periods in which continuous insurance coverage MUST be maintained.
3. I have attached proof of insurance (e.g. a copy of my insurance card) as well as a copy of my insurance policy/brochure to this form.
4. I agree to purchase and maintain insurance throughout the school year and understand that all nonimmigrant international students must have uninterrupted insurance while attending UTC.
5. I understand that the University does not provide informational or claims assistance for any insurance other than the UTC-sponsored student health insurance.
6. I understand that UTC's approval of this waiver is not an endorsement of the alternative insurance policy.
7. I understand that *wavers are approved on a semester-by-semester basis and may be denied in the future.*

Student Signature: _____ Date (MM/DD/YYYY): _____

Center for Global Education Signature: _____ Date (MM/DD/YYYY): _____